

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586416

FILING DATE

03 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	0		/			
4	0		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	/		/			
12	/		/			
13	2		/			
14	0		/			
15	0		/			
16	/		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	/		/			
26	/		/			
27	2		/			
28	2		/			
29	0		/			
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TOTAL IND.	6		7			
TOTAL DEP.	31	←	32	←		←
TOTAL CLAIMS	37	████████	39	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			←	
TOTAL CLAIMS		████████		████████		████████